

FertilityCare™ Centers of America, Inc.

Dear Practitioner:

Thank you very much for your interest in applying for affiliation with **FertilityCare™ Centers of America**. You will find all of the materials you'll need following this letter:

- One (1) copy each of the Application for Affiliation, the Affiliation Agreement, the Instructions for completing the **FertilityCare™ Centers of America** Application for Affiliation, the Program Director's Recommendation Sheet, Satellite Center(s) Approval Form, and the Checklist.
- One (1) **NaProTECHNOLOGY** Collaborative Agreement(s) to be used if you wish to "Feature **NaProTECHNOLOGY** (Each program will require **NaProTECHNOLOGY** Collaborative Agreement for each Medical Consultant, Nurse Practitioner, Physician Assistant and/or Nurse Midwife associated with the program.). Duplicate if needed.
- Handouts on the "Advantages of Becoming an Affiliate" and "Frequently Asked Affiliation Questions."

Thank you very much for your interest in this Affiliation Program with **FertilityCare™ Centers of America**. I will be looking forward to receiving your application materials sent to Gerianne Jensen. If there are any questions at all please do not hesitate to ask me (I do request that these questions come in writing so I can respond to them properly). Or you may email or phone Gerianne Jensen, Assistant Administrator at fcca@popepaulvi.com, (402) 505-8917. Her office hours are generally Monday-Thursday from 9:30 a.m. to 3:00 p.m. and Friday from 11:00 a.m. to 3:00 p.m. Central Time, so it is best to email her if possible.

I'm looking forward to a very long and truly productive association with you.

Sincerely yours,



Paul A. Hilgers, J.D.
President

FertilityCare™ Centers of America, Inc.

OFFICIAL FCCA AFFILIATE BENEFITS

AFFILIATION

The Affiliate:

- joins the nationwide and worldwide **CREIGHTON MODEL FertilityCare™ System (CrMS)** Network.
- is part of a team which delivers both morally and professionally acceptable procreative health services.
- receives a certificate of affiliation suitable for framing.
- receives the **FertilityCare™ Centers of America** Affiliate Membership Manual to help in understanding the purpose of the organization and in marketing their program.
- has access to any future developments with **CrMS, NaProTECHNOLOGY** and the provision of **FertilityCare™ Services**.
- has access to current important contact information.
- receives a sample letterhead to use with their **FertilityCare™ Center**.

STANDARDIZATION

The Affiliate:

- has access to all **CrMS** teaching materials, supplies and updates provided solely under the designation of a protected name.
- may establish formal collaboration with **CREIGHTON MODEL** Medical Consultants, Nurse Practitioners, Physician Assistants or Nurse Midwives.

PROMOTION

The Affiliate:

- is listed on the **FCCA** website www.fertilitycare.org.
- has access to promotional materials for **CREIGHTON MODEL FertilityCare™ Services**. This would include brochures, booklets, radio advertising, television advertising and other promotional materials as they are developed. A discount will often apply.
- has access to **FertilityCare™** logos and trademarks.
- receives a sample Press Release to use in promoting their new **FertilityCare™ Center**.
- receives information and materials to celebrate Worldwide **FertilityCare™** week in March each year.
- has access to **FertilityCare™ Centers** of America display.

COMMUNICATION

The Affiliate:

- has access to a national and international directory of **FertilityCare™ Centers**.
- along with their designates receive the organization's newsletter, **FertilityCare™ LINE**, on a quarterly basis.
- is invited to an annual reception sponsored by the board of directors of **FertilityCare™ Centers** of America.
- receives Email alerts from **FertilityCare™ Centers** of America on current issues of interest.

FertilityCare™ Centers of America

FREQUENTLY ASKED AFFILIATION QUESTIONS

There are a number of frequently asked questions about affiliation with **FertilityCare™ Centers of America**. This handout is designed to assist the new applicant in developing answers to those questions.

- Q. Is the FCCA application process similar to initial certification through the American Academy of Fertility Care Professionals?
- A. The application process is quite a bit different from the certification process. This application process is to establish formal affiliation with a national organization which is being established for the provision and promotion of **CREIGHTON MODEL FertilityCare™ Services**. FCCA will continue to encourage certification through the American Academy of Fertility Care Professionals although it is not mandatory in order to become affiliated with FCCA.
- Q. How will I explain the reason for this organization to my Bishop or Family Life Director or Hospital Administrator?
- A. In early 2000, a letter was sent to the Bishops of the United States and Canada announcing the formation of this new organization. This outlined many of the reasons that are presented in the instruction booklet on page 1 and 2. Those same reasons can be used when you discuss this with any of the administrators that you work with including hospital administrators.
- Q. Will a directory of all FCCA affiliates be published and made available?
- A. All FCCA affiliates will have access to a directory of FCCA Affiliates. In addition, the FCCA Directory (without any personal names attached) will be published on the internet under fertilitycare.org and under **FertilityCare™ Centers of America**.
- Q. Will my affiliation have to obtain approval for any promotional pieces developed as an affiliate of FCCA?
- A. FCCA will make available for purchase to its affiliates promotional pieces which are standardized. These will carry with them the logo of the FCCA. At the same time, if a local affiliate would like to develop individual materials which they think would be unique in their own area and they would like for that material to carry the FCCA logo, then it would need to be submitted to FCCA for final approval. If they develop promotional materials that do not carry the FCCA logo, then no approval is needed.
- Q. What about a change in the name “Natural Family Planning Practitioner?”
- A. The term “Natural Family Planning Practitioner” has been changed to coincide with this newly developing marketing strategy. It received formal approval by the membership of the American Academy of Fertility Care Professionals at their July 2002 annual meeting.

- Q. Why is the affiliation fee based on the number of clients taught?
- A. In attempting to develop an affiliation fee strategy, emphasis has been placed upon not trying to penalize small programs who may not have the resources for the affiliation fee. At the same time, it seemed most fair to gauge the affiliation fee based on the number of clients taught. At the present time, the affiliation sliding fee assessment, which is based on the number of clients taught, is based on an annual assessment, of approximately \$3.00 per client. With the affiliation agreement, this is not enacted until completion of the first calendar year of the program. This gives each affiliate one year to implement strategies whereby they can raise their own fees sufficiently so as to generate the affiliation fees which will need to be submitted annually to the FCCA.
- Q. In subsequent years, will our renewal of affiliation fee be based on the previous year's number of clients taught or a projected number?
- A. The affiliation fee for a subsequent year will be based upon the actual number of clients taught in the previous 12 months.
- Q. Do I need a minimum number of clients to qualify for affiliation?
- A. There is no minimum number of clients that one needs to qualify for affiliation with FCCA. However, we do expect only active programs to submit for affiliation.
- Q. If I work for a diocese can I still be recognized under the Natural Family Planning umbrella of the Diocese?
- A. Ultimately, that is a decision that will need to be made locally at the level of every diocese. However, there is no good reason that a diocese cannot have a **FertilityCare™ Center** as a part of their overall approach in the field of natural family planning. In fact, in the development of the Creighton Model System, care has been taken to make certain that it is completely compatible with Catholic teaching in all areas related to human sexuality and procreative ethics. It would seem to us that having a **FertilityCare™ Center** as a part of a Diocesan program would be a very positive action since the **CREIGHTON MODEL FertilityCare™ System** has such great versatility and provides so much opportunity to Catholic married couples to resolve their family planning, reproductive medicine and other gynecologic problems in ways that are completely consistent with the Church's teaching.
- Q. What defines artificial reproductive technologies in the **NaProTECHNOLOGY Collaborative Agreement**?
- A. The artificial reproductive technologies are usually reserved for those technologies that involve the various treatment of infertility strategies. These would include such things as in vitro fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer, artificial insemination, surrogate motherhood, etc. In reality, it also includes such things as artificial contraceptive technologies, sterilization and abortion.
- Q. Will a Creighton Model Nurse Practitioner, Physician Assistant or Nurse Midwife qualify for the collaborative agreement for offering **NaProTECHNOLOGY**?
- A. Yes an individual who has completed the formal training as a Creighton Model Nurse Practitioner, a Physician Assistant or a Nurse Midwife will qualify as an individual who could

collaborate with a **FertilityCare™ Center** in the provision of at least basic **NaProTECHNOLOGY** services. Those individuals will need to complete the **NaProTECHNOLOGY** Collaborative Agreement and complete all of the pertinent information that is on that form in order for the program to be able to advertise itself as “Featuring **NaProTECHNOLOGY**”.

Q. Why is it important to have malpractice insurance and coverage limits listed on the **NaProTECHNOLOGY** Collaborative Agreement?

A. **NaProTECHNOLOGY** involves the medical aspects of evaluation and treatment of a whole variety of gynecologic and reproductive problems. When a physician, nurse practitioner, physician assistant or nurse midwife works in the day-to-day world, they are almost always universally covered by malpractice insurance. This is standard, and all FCCA **NaProTECHNOLOGY** medical providers should have their own malpractice insurance.

Q. Do I need to hire an attorney to review the Affiliation Agreement?

A. With regard to whether the affiliates need to retain attorneys for the review of the Affiliation Agreement, it is not a requirement and FCCA thinks that, for the most part, most affiliates will not need to hire an attorney. However, FCCA would never hinder an affiliate from seeking legal assistance if they so choose. It may make them feel more comfortable having their own attorney review it, and that is their right.

Q. Could you explain, in layman terms, what some of the provisions in the Affiliation Agreement mean?

A. There are a number of provisions in the Affiliation Agreement that are expressed in “legalese.” This is because FCCA has worked with attorneys in the development of this agreement so that everyone is protected. The most common questions that have come up with regard to the Affiliation Agreement include the following sections (identified by number of the section of the Affiliation Agreement entitled “Basic Legal Association.” As part of our service to affiliates, the following layperson’s interpretation of these clauses is provided for your benefit:

5. **INDEMNITY:** The Indemnity Provision is there to protect FCCA from liability for the day-to-day operations of the affiliate. At the same time, it does not protect FCCA from any wrongdoing originating from FCCA.

6. **LIMITATIONS ON AUTHORITY:** The Limitation on Authority is there to protect the autonomy of FCCA and the autonomy of the affiliate.

12. MISCELLANEOUS PROVISIONS:

The four miscellaneous provisions are perhaps the most “legalese” of all of the provisions and a more in-depth layperson’s analysis of those is presented:

a. **Injunctive Relief:** Occasionally, if a court finds there is a breach of contract, the only available remedy is money damages, unless otherwise provided. In many disputes, such as a trademark infringement, the most important goal is to stop the violation from continuing. Money damages after the fact are generally not as valuable as stopping a violation right at the start. Injunctive Relief allows the court to issue a temporary or permanent injunction to stop a party’s actions that violate the contract before any serious damage can be done. By having this provision in the contract, we ensure that both parties have the ability to seek not

only money damages to correct a violation of the contract, but also an injunction to stop the violation from continuing.

- b. **Law Governing:** All states have fairly similar rules of construction when interpreting contracts, but there are some differences. To promote uniformity between all parties when several states can be involved, most contracts choose one state as the basis for contract interpretation. This means that a provision in this contract will mean the same thing in Florida as it does in California. By indicating that the agreement will be construed and governed by the laws of the State of Nebraska, it creates uniformity for both the affiliates and for FCCA.
- c. **No Waiver:** This provision protects both parties and promotes consistency over the life of the affiliation by ensuring that a temporary deviation from the contract does not amount to a waiver of any specific provision. This provision is frequently used in rental contracts so that if the landlord lets the rent be late once, the landlord has not waived the right to collect the rent on time in the future. In this agreement, the provision might apply if, due to unforeseen circumstances, an affiliate was behind on paying dues or FCCA was late on providing services; that the other party would “forgive” the delay, but not waive the right to hold the party to the terms of the agreement at a later date.
- d. **Severability:** From time to time, a court interpreting a contract might hold that a specific provision of the contract violates some particular statute or rule of law. In many cases, this dooms the contract and the whole agreement is rendered void. A severability clause would allow the remainder of the agreement to be considered valid despite the invalid provision.

Q. Why is it important to have this “legalese” in an Affiliation Agreement such as this?

A. An Affiliation Agreement spells out the duties and responsibilities of both the affiliate as well as FCCA. It puts in writing those responsibilities and makes it clear what everyone is agreeing to. It is not meant to in anyway intimidate the affiliates but rather to protect them. FCCA is being established to help enhance the promotion of the unique services provided under the Creighton Model System. Eventually, this will be built into both a national and international program and in order to protect the integrity of that product both at the local, national and international level, this type of an agreement is necessary.

Q. If I have any other questions, not listed above, how do I get them answered?

A. Please feel free to contact Gerianne Jensen by phone (402) 505-8917, Email fcca@popepaulvi.com, or mail or write directly to Paul A. Hilgers, J.D., President, **FertilityCare™ Centers** of America, 6901 Mercy Road, Omaha, NE 68106. A written reply will be submitted to you for those written questions.

INSTRUCTIONS FOR COMPLETING
THE *APPLICATION* FOR AFFILIATION

FertilityCare™ Centers of America

Including
APPLICATION FEE SCHEDULE

INTRODUCTION

FertilityCare™ Centers of America, Inc. is a non-profit organization which has been established for the primary purpose of promoting the **CREIGHTON MODEL FertilityCare™ System** and the new reproductive science of **NaProTECHNOLOGY**. The Pope Paul VI Institute for the Study of Human Reproduction is the owner of the terminology “**FertilityCare™**” and “**NaProTECHNOLOGY**”.

The purpose of establishing this national organization is to unite Creighton Model Services nationwide and worldwide under one general identifiable name. This name is “**FertilityCare™**”. In this way, Creighton Model services can be identified by their name and their unique services can be properly promoted.

The concepts of **FertilityCare™ Centers** of America were discussed in detail over a number of years at the annual meetings of the American Academy of Fertility Care Professionals (formerly American Academy of Natural Family Planning). The organization, along with its sister organizations **FertilityCare™ Centers** International and *Love and Life Unlimited™*, were formally incorporated in July 1999.

As a summary to why it has been determined that such a move is necessary at this time, the following points have been advanced:

- The **CREIGHTON MODEL FertilityCare™ System (CrMS)** is unique in its field. There is no other system with its capability.
- The **CrMS** has never been a system of only avoiding pregnancy.
- The **CrMS** teaches couples how to achieve pregnancy as well as avoid pregnancy.
- The **CrMS** teaches men and women an appreciation and understanding of their fertility.
- The **CrMS** is a system that can be used to monitor and maintain procreative and gynecologic health.
- The new reproductive science of **NaProTECHNOLOGY** was developed as a result of the research that has been done on the **CrMS**. **NaProTECHNOLOGY** cannot be done without the **CrMS**.
- The **CrMS** is medically and educationally standardized, making the observation of its biological markers medically significant.
- It is a system - not a method - and because of that it is highly versatile.

- The system teaches about focused intercourse and not abstinence. It distinguishes between genital and sexual contact and it helps couples discover what Pope John Paul II called the “Inner Soul of Human Sexuality.” Furthermore, the system embraces Pope John Paul II’s concept expressed in his “Theology of the Body.”
- In order to better spread the message and expand our services, the phrase “Natural Family Planning” needs to be retired. It brings automatic tension to the discussion.
- The **CrMS** is imminently marketable if we are able to bring the services under one common identity.
- A considerable amount of research has been done to support this move amongst Creighton Model teachers and nationally recognized repositioning experts.

By receipt of this application, you and your program can begin the process for which formal affiliation can take place. Formal affiliation will allow you to use a name which contains the term “**FertilityCare™**” as a part of your formal name recognition in your local area. In addition, with the appropriate arrangement of a Creighton Model Medical Consultant to be associated with your program, it will also allow your **FertilityCare™** Program to “feature **NaProTECHNOLOGY™**”. Such a statement could appear on your letterhead or on business cards, etc. The terminology “Featuring **NaProTECHNOLOGY™**” is for advertising or marketing purposes.

All **FertilityCare™ Centers** will require a Creighton Model Practitioner as a responsible individual within the administration of the Center for the quality control of the Creighton Model services. It is strongly encouraged that the Practitioner be certified through the American Academy of Fertility Care Professionals. These services must meet the standards that are presented to new teachers of the Creighton Model System in American Academy of Fertility Care Professionals accredited education programs. Thus, for example, Creighton Model Medical Consultants who are not Practitioners cannot, by themselves, set up a **FertilityCare™ Center**. Such Medical Consultants could be the driving force behind a **FertilityCare™ Center** but they must have at least one Creighton Model Practitioner who will assume the responsibility of maintaining the quality and the standards of the **FertilityCare™** services themselves. The individual physician will be responsible for the medical portion of the program under the concepts of **NaProTECHNOLOGY™**.

Those individuals who are currently in a Creighton Model education program are not eligible for affiliation until they have satisfactorily completed their course work. During the course of their training, preparations can be made; however, for such affiliation in anticipation of the completion of their program.

Each individual program will be given a considerable amount of freedom in choosing their own name which must include the term “**FertilityCare™**” in that name. For example, the program might call themselves a “**FertilityCare™ Center**” or “**FertilityCare™ Services**,” “a **FertilityCare™ Program**,” a “Department of **FertilityCare™ Services**,” etc. “**FertilityCare™ Services of Omaha**” might be one example of such a usage. There may be other suggestions that will come along as well. These will all be submitted to the Review Committee of **FertilityCare™ Centers** of America for final approval.

The use of the term “**FertilityCare™**” will not be limited in terms of its use in a given state or given region except to say that it will be limited to properly trained Creighton Model Practitioners. In other words, it will represent only Creighton Model Services. The use of the term “**FertilityCare™**” in association with the name of a state - an example of this might be “**FertilityCare™ Centers of Nebraska**” will not be allowed under the rules of this affiliation. Perhaps at a later time when there may or may not be the need for state umbrella organizations, such names would be reserved for those purposes. However, in the immediate future, those names will not be available. The name of your own program will be protected and that exact name will not be licensed for use by any other program.

A **FertilityCare™ Center** can either “feature **NaProTECHNOLOGY**” or simply provide **CREIGHTON MODEL FertilityCare™ Services** (without the associated medical component). However, in order to “feature **NaProTECHNOLOGY**,” the individual program must have a signed “**NaProTECHNOLOGY Collaborative Agreement**” for each physician (Nurse Practitioner, Physician Assistant or Nurse Midwife) who may be participating as a Medical Consultant to their program. These agreements will then be reviewed by **FertilityCare™ Centers** of America and approval will be given. If you do not have Medical Consultants locally available, you could select a physician who might be at some distance from your program if that Medical Consultant would be willing to assist you, even by long distance. In that regard, the physicians of the Pope Paul VI Institute for the Study of Human Reproduction could also serve as your **NaProTECHNOLOGY** collaborator. In fact, they could also be collaborators with other local medical consultants as well. The Institute is not trying here to take any work away from any other physicians, but it is trying to see to it, especially in these early days, that the strength of the medical component is as strong as possible.

In making application, it is important to complete the appropriate application for affiliation along with the collaborative agreement, if so desired; and the affiliation agreement must be completed, signed properly and application fee enclosed. Once this is completed, then your affiliation with your formal name will be recognized by **FertilityCare™ Centers** of America with a certificate for framing and placing in your Center.

APPLICATION FOR AFFILIATION

I. In the Application for Affiliation, the first thing you need to check is whether or not this will be an institutional, organizational, diocesan or independent affiliation. The following definitions will apply:

- A. Institutional Affiliation: This is a **FertilityCare™ Center** that will be associated with a formal institution such as a health care facility, hospital, a university, etc.
- B. Organizational (Group) Affiliation: This is a **FertilityCare™ Center** which is a free standing, not for profit institution on its own merits.
- C. Diocesan Affiliation: This is a **FertilityCare™ Center** that is associated with a Catholic diocese. In such a circumstance, where it is common to offer several models of natural family planning instruction, the designation "**FertilityCare™**" can apply only to the Creighton Model portion of the program.
- D. Independent Affiliation: This would represent a **FertilityCare™ Center** that is located in a physician's office, for example, or perhaps in some other facility not mentioned above. It could also represent a **FertilityCare™ Center** that is run by an individual in a non-incorporated fashion.

II. In Section II of the application, complete the proposed name of the Center as you would like it to read.

III. List any branch or satellite offices which might be under the auspices of the main program office. They may have formal names also associated with the use of the term "**FertilityCare™**."

IV. The number of clients served over the previous year for each of the main office and satellite offices needs to be listed here. If a man is impacted by the services mark number of "Couples." Otherwise just mark "Women." The initial fee will be based on the number of "Women" in your program. The fee does increase in the second year of the program and this, too, will be based upon a sliding fee assessment according to the number of "Women" seen in the previous year (attended Introductory Session and at least the first Follow-up). The sliding fee assessment amounts to a \$3-4 charge per client. By adding this only in the second year of the Affiliation Agreement it does give the new AFFILIATE the time to increase their own program fees sufficiently to cover this cost by the beginning of the second year. NOTE: For each satellite center associated with your center the "Satellite Center Approval Form" must be completed. Duplicate copies can be made if needed.

V. List the number of Creighton Model Practitioners that work in each of your programs. You will also need to complete the form on page 7 which asks for the names of all of your practitioners/instructors, their bilingual abilities, and email addresses.

VI. List the names and addresses, on page 6, of all of those Creighton Model Practitioners, Medical Consultants, Interns and Administrators associated with your program to whom you would like the quarterly newsletter, FCCA **FertilityCare™** LINE to be sent.

VII. Here, indicate how the name of your **FertilityCare™ Center** is to be listed on the FCCA web site on www.fertilitycare.org. No personal names or addresses will appear on the website, but the name of the center, city, state, country, telephone, fax and email can all be provided here. If you have a website, you may list it also. You may also list adjoining state you can provide service to.

VIII. A. Check the appropriate item on the **NaProTECHNOLOGY** Provision here.

B. Put the name(s) of the Creighton Model Medical Consultant(s) that you will be working with. Each of these must have a signed collaborative agreement presented with the application form. In addition, if you have more than three, provide all the same information on a separate sheet of paper.

IX. The **NaProTECHNOLOGY** Cooperative Agreement is noted to be enclosed or not enclosed. If more than one person will provide this service, an Agreement is needed for each along with a copy of their certification of completion of the Medical Consultant Program.

X. Each **FertilityCare™ Center** must have a “responsible **CrMS** Practitioner” who has been formally trained in the Creighton Model System. This individual will be responsible for maintaining the Creighton Model standards of the Center identified in the application and their signature must be placed at the end of the application. In addition, their name, address, telephone, fax and email should also be presented. Please mark if you are certified by AAFCP and/or a member. NOTE: a copy of the Certificate (or letter) of Completion of a **CrMS** Program must be enclosed and the “Program Director’s Recommendation” Form must be forwarded to the director of the program you completed.

XI. The attestation to the application will allow for the responsible **CrMS** Practitioner signature to be applied and then any other responsible administrative persons who may be involved in running or operating the **FertilityCare™ Center** should also be named with their formal position, address, etc. and signature (if applicable).

NaProTECHNOLOGY COLLABORATIVE AGREEMENT

The Collaborative Agreement is relatively self-explanatory. It does explain the basic agreement that the individual physician (or Nurse Practitioner, Physician Assistant or Nurse Midwife) must sign to collaborate with a **FertilityCare™ Center**. There is no limitation on the number of **FertilityCare™ Centers** that a Medical Consultant may be associated with or the number of Medical Consultants who can be associated with an individual center. However, a signed Collaborative Agreement must be present for each collaboration. The Medical Consultants who agree to collaborate do have the right to see the Affiliation Application and Agreement. In addition, the Collaborative Agreement is not an Employment Agreement and should not be interpreted as such. This same Collaborative Agreement can be used for properly trained Creighton Model Nurse Practitioners, Physician Assistants or Nurse Midwives.

AFFILIATION AGREEMENT

In the next section there is a Formal Affiliation Agreement in which the name of the **FertilityCare™ Center** needs to be properly placed and the type of affiliation requested is checked. This affiliation agreement is made up of the Basic Responsibilities, Basic Philosophical Principles, and components of the Basic Legal Association (the legal language of the affiliation agreement).

This Affiliation Agreement is then properly signed by the responsible Creighton Model Practitioner and any other responsible administrator for the program. It will in turn be signed by the President of **FertilityCare™ Centers** of America, Paul A. Hilgers, J.D., and a copy will be returned to the center for permanent file.

FORMAL CERTIFICATE

When the application is approved, a formal certificate recognizing the affiliation to **FertilityCare™ Centers** of America will be issued to the center.

FEES

The attached schedule of fees is currently in use. FCCA reserves the right to change this fee structure without advance notice.

SIGNATURE

The applicant should sign the attestation clause as the responsible Creighton Model Practitioner. Any other responsible administrative person involved in running or operating the **FertilityCare™ Center** should also sign this clause and add the information requested.

QUESTIONS

Any questions that might arise during this application process should be submitted in writing with the application.

AFFILIATION FEE SCHEDULE

I. DURING THE FIRST YEAR

AFFILIATE STATUS	BASE AFFILIATION FEE	
	LESS THAN 50 CLIENTS PER YEAR	50 OR MORE CLIENTS PER YEAR
Institutional	\$50	\$100
Organizational	\$50	\$100
Diocesan	\$50	\$100
Independent	\$50	\$100

II. DURING SUBSEQUENT YEARS YOUR AFFILIATION FEE WILL BE THE BASE AFFILIATION FEE PLUS A SLIDING SCALE ASSESSMENT

IF YOUR NUMBER OF CLIENTS IN THE PREVIOUS YEAR IS	BASE AFFILIATION FEE	+	SLIDING SCALE FEE ASSESSMENT	=	TOTAL AFFILIATION FEE
1 - 25	\$ 50	+	\$ 30	=	\$ 80
26 - 50	\$ 50	+	\$114	=	\$164
51 - 75	\$100	+	\$189	=	\$289
76 - 100	\$100	+	\$264	=	\$364
101 - 150	\$100	+	\$375	=	\$475
151 +	\$100	+	\$525	=	\$625

III. ADDITIONAL FEES FOR SATELLITE PROGRAMS

The base affiliation fee for satellite programs will be \$25 per year after the first year. In addition, the sliding scale fee assessment will apply to make up the “total affiliation fee” for the satellite program. These fees are in addition to the affiliation fee of the main program.

FertilityCare™ Centers
of America, Inc.

FertilityCare™ Centers of America

APPLICATION FOR AFFILIATION

INSTRUCTIONS: Please read carefully the enclosed instructions for completing this application.

I. TYPE OF AFFILIATION

We/I are applying for the following type of affiliation with **FertilityCare™ Centers** of America (check only one):

- Institutional Affiliation
- Organizational (Group) Affiliation
- Diocesan Affiliation
- Independent Affiliation

II. PROPOSED NAME OF CENTER

We/I propose the following name for our Center (see instructions):

Proposed Name: _____

Address: _____

Tele #: _____ Fax #: _____

Email: _____

Website: _____

III. ADDITIONAL BRANCH OR SATELLITE OFFICES REQUESTING TO USE THE NAME “**FertilityCare™**” (THE INCLUDED “SATELLITE APPROVAL FORM MUST BE COMPLETED FOR EACH SATELLITE - DUPLICATES MAY BE MADE).

- None

Satellite Office #1:

Name: _____
 Address: _____

 Tele #: _____ Fax #: _____
 Email: _____

Satellite Office #2:

Name: _____
 Address: _____

 Tele #: _____ Fax #: _____
 Email: _____

If more than two, please submit above information on a separate sheet of paper.

IV. NUMBER OF NEW CLIENTS PER YEAR AT EACH OFFICE (THE PREVIOUS 12 MONTHS PRIOR TO APPLICATION). NOTE: If a man is impacted by the services, count "Couples," otherwise count "Women." BASE YOUR FEE ONLY ON THE FIGURE UNDER "WOMEN."

	NUMBER OF NEW CLIENTS PER YEAR	
	Women	Couples
Main Office:	_____	_____
Satellite Office #1:	_____	_____
Satellite Office #2:	_____	_____

Submit additional offices on a separate sheet of paper.

V. NUMBER OF CREIGHTON MODEL FERTILITY CARE PRACTITIONERS WORKING IN YOUR CENTER:*

Main Program _____
 Satellite Office #1 _____
 Satellite Office #2 _____

*Please complete page 7 with names, bilingual abilities, and email addresses of all Practitioners and Instructors with your center.

VI. LIST THE NAMES AND ADDRESSES (ON PAGE 6) OF ALL **CrMS** PRACTITIONERS, MEDICAL CONSULTANTS AND ADMINISTRATORS ASSOCIATED WITH YOUR PROGRAM TO WHOM YOU WOULD LIKE THE QUARTERLY NEWSLETTER **FertilityCare™** LINE SENT:

VII. NAME AS YOU WOULD WISH IT TO APPEAR ON FCCA WEBSITE
(www.fertilitycare.org)

Name of Center: _____
City: _____
State: _____ Zip: _____
Country: _____
Tele #: _____ Fax #: _____
Email: _____
Website: _____

(List adjoining state(s) you may offer services to if you'd like _____

PLEASE NOTE: No personal names or addresses will appear on the website.

VIII. **NaPro**TECHNOLOGY PROVISION

- A. Our program will will not be promoted as a program that “Features **NaProTECHNOLOGY**” (see instructions).
- B. If your program will be “featuring **NaProTECHNOLOGY**” please identify below your Creighton Model Medical Consultant(s), Nurse Practitioner, Physician Assistant or Nurse Midwife (See instructions):

Name: _____
Address: _____

Tele #: _____ Fax #: _____
Email: _____

Name: _____
Address: _____

Tele #: _____ Fax #: _____
Email: _____

If more names, please provide above information on a separate sheet of paper.

IX. THE **NaProTECHNOLOGY** COOPERATIVE AGREEMENT IS ENCLOSED WITH THIS APPLICATION

Yes No

P.S. If the new affiliate wishes to “feature **NaProTECHNOLOGY**”, one or more **NaProTECHNOLOGY** Cooperative Agreements must be enclosed (one for each individual).

X. RESPONSIBLE CREIGHTON MODEL PRACTITIONER

The person(s) listed below will be responsible for maintaining the **CrMS** Standards of the Center identified in this application (this must be a qualified Fertility Care Practitioner) and her/his signature must also be placed at the end of this application:

Name: _____

Address: _____

Tele #: _____ Fax: _____

Email: _____

Certified by AAFCP Yes No If yes, date of certification: _____
AAFCP Member Yes No If yes, What category of membership? _____

NOTE: You must submit the form “Program Director’s Recommendation” to the individual who directed the Education Program that you attended. That individual will then complete and send the form directly to FertilityCare™ Centers of America!

As part of this application, submit a copy of either your certificate or letter of completion from the Creighton Model Practitioner Program.

XI. ATTESTATION

The following individual(s) attests that the above information is true and correct to the best of their knowledge and that this application is submitted along with the **NaProTECHNOLOGY** Collaborative Agreement and the formal Affiliation Agreement.

Responsible FertilityCare Practitioner Signature:

(Signature) Date: _____

(Please Print Name)

Other responsible administrative persons (if applicable):

Name: _____
(Print Name)

Formal Position

with Program: _____

Address: _____

Tele #: _____ Fax #: _____

Email: _____

Signature: _____

Date: _____

When completed please return Application, **NaProTECHNOLOGY** Collaborative Agreement (with certificates), a signed copy of the formal Affiliation Agreement and the appropriate affiliation fee to:

FertilityCare™ Centers
of America
6901 Mercy Road
Omaha, NE 68106
Tele #: 402-505-8917
Fax: 402-390-9851

AFFILIATION FEE
(US Dollars Only)

- Payment is enclosed in the amount of: (check appropriate amount)
- \$50 for less than 50 clients (Women) per year
 - \$100 for 50 or more clients (Women) per year.

Make checks or money orders payable to **FertilityCare™ Centers** of America)

For Office Use Only:

Program ID# _____

VI. LIST THE NAMES AND ADDRESSES OF ALL **CrMS** PRACTITIONERS, MEDICAL CONSULTANTS, INTERNS AND ADMINISTRATORS ASSOCIATED WITH YOUR PROGRAM TO WHOM YOU WOULD LIKE THE QUARTERLY NEWSLETTER

FertilityCare™ LINE SENT:

(Please Duplicate this Page as Needed)

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Name: _____

Address: _____

City/State/Zip Code: _____

FertilityCare™ Centers of America

EDUCATION PROGRAM DIRECTOR'S RECOMMENDATION OF RESPONSIBLE PRACTITIONER

My program _____ is currently
(Name of Program)

seeking affiliation with **FertilityCare™ Centers of America**. In order to complete this process, I am required to ask you, as my **CrMS Education Program Director**, for your recommendation for me as the **Responsible Practitioner** for affiliation. Would you please complete this and return to the address at the bottom of this form? Thank you.

Proposed Responsible Practitioner Applying for Affiliation Sign and Date:

Date _____

THIS PORTION TO BE COMPLETED BY CrMS EDUCATION PROGRAM DIRECTOR

I recommend the above individual to be the Responsible Practitioner for the above named program seeking affiliation with **FCCA:**

- without reservation
 with reservations
 do not recommend

COMMENTS:

Program Director's Signature _____ Date _____

Please Return Completed Form to:
FertilityCare™ Centers of America
ATTN: Gerianne Jensen, CFCP
6901 Mercy Rd.
Omaha, NE 68106
You may fax to: 402-390-9851

FertilityCare™ Centers of America

AFFILIATION AGREEMENT

This affiliation agreement is being signed as a formal part of the application process for affiliation with **FertilityCare™ Centers** of America, Inc., a not-for-profit corporation established for the purpose of promoting the **CREIGHTON MODEL FertilityCare™ System**.

The agreement is being made mutually and freely between **FertilityCare™ Centers** of America, Inc. and

(Please type or print the formal name requested for this affiliation)

This agreement specifically applies to the following affiliation category (mark only one):

- Institutional Affiliate
- Organizational (Group) Affiliate
- Diocesan Affiliate
- Independent Affiliate

BASIC RESPONSIBILITIES

- I. As a formal part of this agreement, I/we agree that under the name “**FertilityCare™**”:
 - A. Services will only be provided that are clearly recognized as **CREIGHTON MODEL FertilityCare™ Services**. In addition, **CREIGHTON MODEL Services** shall only be provided under the name “**FertilityCare™**.”
 - B. Services will always be provided consistent with the standards established in the training of Creighton Model FertilityCare (formerly Natural Family Planning) Practitioners and Medical Consultants in American Academy of Fertility Care Professionals (formerly American Academy of Natural Family Planning) Accredited Education Programs.
 - C. As a program, ongoing efforts will be made to keep up to date with all current and newly developing components of the **CREIGHTON MODEL System**.

BASIC PHILOSOPHICAL PRINCIPLES

- II. In addition to the above, and as a part of this agreement, I/we agree to the following philosophical principles:
 - A. Our program will respect the value and dignity of each human life from its moment of fertilization (conception) through the time of natural death.

- B. Our program or its individuals will not prescribe or refer for contraceptive agents, sterilizations, abortion, or artificial reproductive technologies.
- C. Our program recognizes that human sexuality is a function of the whole person and not just a function of its parts. It further recognizes the scriptural notation that we are “created in the image and likeness of God” and that such a philosophical principle ultimately dictates the approach to the human persons that will come under our care.
- D. Our program will respect the inherent God-given dignity of each woman, man and child that it comes into contact with and that it will equally respect the God-given integrity of marriage.
- E. Our program will attempt to provide accurate and up to date information regarding the **CREIGHTON MODEL FertilityCare™ System** and **NaProTECHNOLOGY**.
- F. Our program agrees that it is the right of each married couple to determine for themselves the number of children they wish to have, in consultation with each other, in generosity and in prayer.
- G. Our program and its leaders and administrators shall accept responsibility for the exercise of their professional judgment.

BASIC LEGAL ASSOCIATION

III. NOW, THEREFORE, Providing that AFFILIATE abides by the Statement of Principles set forth herein, AFFILIATE AND FCCA hereby agree as follows:

1. **AFFILIATE STATUS:** AFFILIATE is hereby granted “Affiliate Status” of FCCA with all the rights and privileges set forth herein. AFFILIATE will receive a certificate which corroborates this affiliation. AFFILIATE will also receive the quarterly newsletter **FertilityCare™ LINE** (Spring, Summer, Fall and Winter) and AFFILIATE’S information (name, phone, fax, and email) will be posted on the FCCA website.
2. FCCA will make accessible materials and supplies for teaching the CREIGHTON MODEL **FertilityCare™ System** and notify AFFILIATE of any updated materials and resources.
3. **USE OF TRADEMARK:**
 - AFFILIATE shall be permitted to use the approved name (set forth above) on all company documents, letterhead, stationery, signage and advertisements.
 - AFFILIATE is permitted to use the official affiliate logos of FCCA. AFFILIATE’S use of the **FertilityCare™** name, logo, and trademark is limited to those uses specifically set forth above. Specifically, AFFILIATE may identify itself as an affiliate of FCCA using the aforementioned approved name. This license to use the FCCA trademark is non-exclusive and FCCA may grant other certificates to organizations seeking affiliate status. The official name selected by AFFILIATE, however, will not be issued to any other program.

- FCCA reserves the right to coordinate names in a given region if that appears necessary.
- AFFILIATE shall not represent that it is owned or operated by FCCA.
- AFFILIATE agrees that all ownership of the **FertilityCare™** name, logo, and trademark remains with FCCA and that AFFILIATE has no ownership interest in said name, logo, and trademark.
- AFFILIATE shall take no action to infringe upon the trademark of FCCA nor shall AFFILIATE register the **FertilityCare™** trademark with any state authority.

4. **TERMINATION:** This Affiliation Agreement shall continue until terminated in one of the following ways:

- A. Either party may terminate the affiliation with thirty days written notice to the other party.
- B. This Agreement shall immediately terminate in the event of the sale, dissolution, transfer, liquidation, or bankruptcy of AFFILIATE. If AFFILIATE is an individual affiliate, the agreement shall terminate upon the death, disability or retirement of AFFILIATE or loss of AFFILIATE'S medical license (if applicable).
- C. In the event that AFFILIATE violates the basic responsibilities and/or philosophical principles set forth herein or any other provision of this agreement, FCCA may terminate the agreement immediately.

Upon termination of this agreement, AFFILIATE shall disassociate its places of business from FCCA's name, logo, and trademark by removing or replacing all signage, advertisements, letterhead or any other materials bearing the name, logo or trademark of FCCA or the **FertilityCare™ System**.

5. **INDEMNITY:** AFFILIATE agrees that it will indemnify and hold FCCA harmless from all fines, suits, proceedings, claims, demands or actions of any kind or nature, including reasonable attorney fees and expenses incurred in defending same, brought by anyone whomsoever against FCCA, arising or growing out of or otherwise connected with AFFILIATE'S operation of its business or by AFFILIATE'S use of the **FertilityCare™** name, trademark, or logo. AFFILIATE shall, prior to the commencement of affiliate status, and thereafter at all times during the entire term of this agreement, see that all **NaProTECHNOLOGY** collaborators carry medical malpractice insurance. AFFILIATE agrees to provide written verification in the Medical Consultant Collaborative Agreement of the existence of said policies.

6. **LIMITATIONS ON AUTHORITY:** AFFILIATE is an organization independent from FCCA and shall be solely responsible for managing its own day to day operations. FCCA shall not interfere in the operations of AFFILIATE, except as to provide services as set forth in this agreement, and to monitor AFFILIATE as may be necessary to ensure compliance with this agreement and the Statement of Basic Philosophical Principals. This Agreement is in the nature of an Affiliation Agreement, and AFFILIATE is not authorized under this agreement to act for or on behalf of FCCA in any matter. In granting the affiliate status to AFFILIATE by this agreement, FCCA does not authorize or empower AFFILIATE to use FCCA's name, logo or trademark in any capacity other than is provided in this agreement, nor to sign FCCA's name to any contracts, documents, bills, notes, checks, drafts, leases, bonds, mortgages, bills of sale, or any other instrument in writing, or to hold AFFILIATE out as a general or special agent, officer, director, or partner of FCCA. Likewise, FCCA is not authorized to act for or on behalf of AFFILIATE or to sign AFFILIATE'S name to any contracts, documents, bills, notes, checks, drafts, leases, bonds, mortgages, bills of sale, or any other instrument in writing, or to hold FCCA out as a general or special agent, officer, director, or partner of AFFILIATE.

7. **TAX EXEMPT STATUS:** The affiliation between FCCA and AFFILIATE is designed to foster education, promotion and research regarding the **CREIGHTON MODEL FertilityCare™ System**. FCCA is a non-profit organization and any dues or fees paid by AFFILIATE to FCCA are in furtherance of the non-profit goals of FCCA. AFFILIATE will take no action which may jeopardize FCCA's tax exempt status with Federal, state, or local taxing authorities. AFFILIATE further agrees that it will refrain from any and all political activities while using the **FertilityCare™** name, logo or trademarks.

8. **AFFILIATION FEES:** AFFILIATE shall pay annual affiliation fees to FCCA in an amount specified by the Affiliation Fee Schedule. These amounts may be raised or lowered from time to time by FCCA, with notice to AFFILIATE, as is necessary, to continue to provide the same quality of services and materials to the AFFILIATE.

9. **EFFECT OF AGREEMENT:** This agreement will be binding on all successors, trustees, agents, employees, staff, directors, partners, owners, shareholders, assignors, executors, heirs, attorneys-in-fact, and administrators of AFFILIATE.

10. **NO ASSIGNMENT:** This agreement may not be assigned by AFFILIATE to any other person or entity without the prior written approval of FCCA.

11. **TERM OF AFFILIATION:** Affiliation status will be for one year from the AFFILIATE's date of Affiliation. Renewal of Affiliation will occur on the anniversary date of original Affiliation and payment of appropriate Affiliation fees.

12. **MISCELLANEOUS PROVISIONS:**

- A. **INJUNCTIVE RELIEF:** Nothing in this agreement shall bar the right of either party to obtain injunctive relief against threatened conduct by the other that will cause loss or damage under the usual equity rules, including the applicable rules of obtaining a preliminary injunction, provided that an appropriate bond against damages is provided.
- B. **LAW GOVERNING:** This Agreement shall be construed and governed by the laws of the State of Nebraska.
- C. **NO WAIVER:** The failure of either party to this agreement to insist upon the performance of any of the terms and conditions of this agreement, or the waiver of any breach of any of the terms and conditions of this agreement, shall not be construed as thereafter waiving any such terms and conditions, but these shall continue and remain in full force and effect as if no such forbearance or waiver had occurred.
- D. **SEVERABILITY:** In the event any of the provisions of this Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such invalidity or unenforceability shall not affect the remainder of this Agreement and same shall be construed as if such invalid or unenforceable provisions had never been a part hereof.

AGREEMENT

As the formal representative of this application, I/we attest and agree to the principles of this agreement on this _____ day of _____ the year _____.

Signature of responsible FertilityCare Practitioner:

Signed: _____
(Signature)

(Please print name)

Signature of other responsible administrator (if applicable)

Signed: _____
(Signature)

(Please print name)

Official Position: _____

Address: _____

And, on behalf of the Board of Directors of **FertilityCare™ Centers** of America, Inc., we enter into this agreement.

Signed: _____
(President, FCCA)

Paul A. Hilgers, J.D.
(Typed name)

(Date)

FertilityCare™ Centers of America

SATELLITE CENTER APPROVAL FORM

DIRECTIONS: This form must be completed by the responsible Fertility Care Practitioner at each satellite center and included with the application for affiliation. If there is more than one satellite, please duplicate this form.

NAME OF SATELLITE CENTER:

Name of Satellite _____

Address: _____

City, State, Zip _____

Tele #: _____ Fax #: _____

Email: _____

NAME OF MAIN CENTER TO WHICH YOU ARE A SATELLITE:

Center Name: _____

Address: _____

NUMBER OF NEW CLIENTS PER YEAR AT YOUR SATELLITE OFFICE (WOMEN AND COUPLES) SEEN IN THE PAST 12 MONTHS): W _____ C _____

NUMBER OF **CrMS** PRACTITIONERS WORKING IN YOUR SATELLITE OFFICE: _____
(LIST NAMES AND BILINGUAL ABILITIES) _____

HOW LONG HAS YOUR SATELLITE PROGRAM BEEN IN EXISTENCE? _____

If your satellite office is “featuring **NaProTECHNOLOGY**” and there is a different Creighton Model Medical Consultant associated with your office, please identify below your Medical Consultant(s), Nurse Practitioner, Physician Assistant or Nurse Midwife:

Name: _____

Address: _____

Tele #: _____ Fax #: _____

Email: _____

NOTE: THE **NaProTECHNOLOGY** COOPERATIVE AGREEMENT AND COPY OF THE MEDICAL CONSULTANT'S CERTIFICATE OR LETTER OF COMPLETION OF A **CREIGHTON MODEL** PROGRAM MUST BE ENCLOSED WITH THIS APPLICATION (ONE FOR EACH MC).

AGREEMENT TO BE A SATELLITE

I have reviewed our association as a Satellite

Center of:

_____ (name of Main Center)

_____ and I agree to this association as a satellite of the main center.

SIGNATURE OF RESPONSIBLE PRACTITIONER

I agree to maintain the standards of this satellite center as a **CREIGHTON MODEL FertilityCare™ Center**.

Signature of Satellite's Responsible Practitioner:

Signed: _____

(Signature)

(Please print name)

(Date)

As part of this application, submit a copy of either your certificate or letter of completion from the Creighton Model Practitioner Program.

And, on behalf of the Board of Directors of **FertilityCare™ Centers** of America, Inc., we enter into this agreement.

Signed: _____

(President, FCCA)

Paul A. Hilgers, J.D.

(Typed name)

(Date)

NOTE: There is no affiliation fee for satellite centers for the first year of affiliation. In subsequent years, the fee for each satellite center is \$25 per year plus a sliding scale assessment based upon the number of new clients taught. These fees are subject to periodic adjustments.

RETURN THIS COMPLETED FORM WITH THE ENTIRE APPLICATION TO:

FertilityCare™ Centers of America

Gerianne Jensen, Assistant

Administrator

6901 Mercy Road

Omaha, NE 68106

Tele #: 402-505-8917

Fax: 402-390-9851

FertilityCare™ Centers of America

NaProTECHNOLOGY COLLABORATIVE AGREEMENT

I _____ understand
(Print Name of Physician, Nurse Practitioner, Physician Assistant or Nurse Midwife)

that _____ is in
(Print Name of Fertility Care Center)

the process of establishing an affiliation agreement with **FertilityCare™ Centers** of America, Inc. (FCCA) and as a part of that affiliation agreement, in order to “Feature **NaProTECHNOLOGY™**”, they must submit to FCCA one or more signed collaborative agreements from appropriately trained Creighton Model Medical Consultants, Nurse Practitioners, Physician Assistants or Nurse Midwives. With that understanding, I first of all attest to the fact that I satisfactorily completed the continuing medical education course as a Creighton Model Medical Consultant on:
(Date Completed): _____.

Furthermore, I submit as a part of this agreement a copy of the certificate I received as a culmination of my studies (or a letter testifying to same).

STATEMENT OF PHILOSOPHICAL PRINCIPLES

In addition to the above, and as a matter of this specific affiliation and this collaborative agreement, I do attest to the following philosophical principles in actual practice.

- A. I will respect the value and dignity of each human life from the moment of fertilization (conception) through the time of natural death.
- B. I will not prescribe or refer for contraceptive agents, sterilizations, abortion or artificial reproductive technologies.
- C. I will always respect the inherent God-given dignity of each woman and each man that I come into contact with in my practice and that I will equally respect the God-given integrity of marriage.
- D. I will always attempt to provide accurate and up to date information to patients regarding the **CREIGHTON MODEL FertilityCare™ System** and **NaProTECHNOLOGY**.
- E. I will agree to work with patients who are coming to me, as a result of my relationship with the **FertilityCare™ Center** in a way which evaluates and treats patients consistently with the principles of **NaProTECHNOLOGY** and the **CREIGHTON MODEL System**.
- F. I will agree to work with and support patients who come to me for **CREIGHTON MODEL** services in their pursuit of the use of this system.
- G. I agree to the principle that it is the right of each married couple to determine for themselves the number of children they wish to have in consultation with each other, in generosity and in prayer.

- H. I will accept responsibility for the exercise of my professional judgment in areas relative to this collaborative agreement.

MEDICAL LICENSURE

I am currently licensed to practice medicine (or other related areas) in the following states _____ and my license number(s) is (are):

MALPRACTICE INSURANCE

I attest to the fact that I am covered by malpractice insurance. My coverage limits are _____ and my carrier is _____.

NOT AN EMPLOYMENT AGREEMENT

I understand that this collaboration is not an employment agreement and the **FertilityCare™ Center** with which I collaborate will be independent from my practice and my practice will be independent from it unless otherwise established by local agreement.

ATTESTATION

I attest that I am in agreement with the principles of this cooperative agreement and that it will be submitted as a part of the application for affiliation to **FertilityCare™ Centers** of America. I will notify the FertilityCare Center with whom I am collaborating if there is any change in licensure, insurance or my approach to basic philosophical principles.

Signed: _____ Date: _____
(Signature)

(Print Name)

MC INFORMATION AS YOU WOULD LIKE IT LISTED ON WWW.FERTILITYCARE.ORG

PRACTICE NAME: _____

ADDRESS: _____

CITY/STATE/ZIP (OR PROVINCE): _____

PHONE: _____ SPECIALITY: _____

EMAIL (For our use only): _____

PLEASE INFORM US OF ANY CHANGES TO ABOVE INFORMATION. THANKS.

NOTE: It should be noted that all Medical Consultants who participate as a collaborative physician to a **FertilityCare™ Center** do have the right to review the center's complete application and affiliation agreement.

Please return to individual who is responsible for submitting the formal application for affiliation to FCCA.

FertilityCare™ Centers of America

APPLICATION FOR AFFILIATION

CHECKLIST

The following items should be enclosed with your application:

- ___ Application for Affiliation Form: completed and signed
- ___ Satellite Approval Form: completed and signed (if applicable)
- ___ Affiliation Fee (see fee schedule): payable to FCCA
- ___ Affiliation Agreement: completed and signed
- ___ Copy of the Certificate (or letter) of completion of the Practitioner Program for the Responsible **CrMS** Practitioner (Section X).
- ___ List of all **CrMS** Practitioners, Medical Consultants, Interns and Administrators associated with your program to receive the FCCA **FertilityCare™** LINE (Section VI).

IF FEATURING **NaProTECHNOLOGY®**

- ___ Signed **NaProTECHNOLOGY** Collaborative Agreement(s) for each Medical Consultant collaborating with your program (if applicable)
- ___ Copy of the Certificate (or letter) of completion of Medical Consultant Course for each Medical Consultant collaborating with your program

ADDITIONAL

- ___ Copy of the “Program Director’s Recommendation” Form sent to the individual who directed the program you completed.